

S20084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

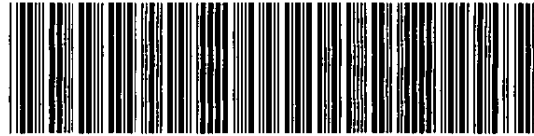
(Business Entity Name)

(Document Number)

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S20084

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2009

BRENDA SADERA
9833 WILDGINGER DR
FORT MYERS, FL 33919

SUBJECT: PHYSICIANS' TRANSCRIPTION SERVICES, INC.
Ref. Number: S20084

We have received your document for PHYSICIANS' TRANSCRIPTION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 709A00010601

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2009

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9833 WILDGINGER DR
FORT MYERS, FL 33919

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Carol Mustain
Regulatory Specialist II

Letter Number: 709A00010601



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2009

BRENDA SADERA
P.O. BOX 08111
FORT MYERS, FL 33198

SUBJECT: PHYSICIANS' TRANSCRIPTION SERVICES, INC.
Ref. Number: S20084

We have received your document for PHYSICIANS' TRANSCRIPTION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 709A00010601

RECEIVED
MAY 26 8:00 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: 65-0255136

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Sadera
(Name of Contact Person)

PHYSICIAN TRANSCRIPTION SERVICES INC
(Firm/Company)

PO Box 08111
(Address)

FORT MYERS, FL 33198
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Sadera at (239) 489-4219
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PHYSICIANS' TRANSCRIPTION SERVICES, INC.

SECOND: The document number of the corporation (if known): _____

THIRD: The date dissolution was authorized: 3-15-09

Effective date of dissolution if applicable: 3-15-09
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

PRESIDENT
(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

BRENDA Sadera
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 JUN 29 AM 11:38

Filing Fee: \$35